/o/53353/ UNITED STATES Rec'd PCT/PTO 16 NOV 2005

			TION I	ATTORNE	Y'S DOCK	ET NO.	
	UTILITY PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY – ORIGINAL APPLI						
	DECLARATION AND P	Old Carrie		*			
(1) TITLE OF	As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name: I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled (1) A METHOD OF TREATING SUBTERANNEAN FORMATIONS TO ENHANCE HYDROCARBON PRODUCTION USING PROPPANTS						
	the specification of which						
(2) CHECK APPROPRIATE	(2) is attached hereto.						
BOX	x was filed on PCT/US03/037252 as Application No. Navember 18, 2005						
	and was amended		(if applicabl				
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge my duty to disclose information of which I am aware which is material to the patentability of this application under 37 CFR 1.56(a): the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application; and as to applications for patents or inventor's certificate on the invention filed in any country foreign to the United States prior to this application by me or my legal representatives or assigns.						
(3) CHECK APPROPRIATE BOX	(3) no such applications have been filed, or x such application(s) have been filed as follows:						
(A)COMPLETE BARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS APPLICATION							
(4)COMPLETE DATA INDICATED	Country	Application Number	Date of Filing (day, month, year)	Date of Issue (day, month, year)	Priority (Under 35		
IF	(4)				☐ Yes	□ No	
APPLICABLE	(4)				☐ Yes	□ No	
					☐ Yes	□ ,No	
		LICATIONS, IF ANY, FILED	MORE THAN 12 MONT	HS PRIOR TO THIS	APPLICATIO	N	
	ALL FOREIGN APP	CICATIONS, IF ANT, PILLED	Moles Man in more				
	(4)				 		
I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application. (5) COMPLETE (5) 60/427,134 November 18, 2002 Expired (Application Serial No.) (Filing date) (Status: patented, pending, abandoned)							
IF APPLICABLE							
	(5)		date)	(Status: patented, pe	: patented, pending, abandoned)		
(Page 1 of 2)							

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Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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INVENTOR

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I bereby declare that all abstements made herein of my own knowledge are true and that all assumption made on information and belief are believed to be true; and further that these statements were made with the knowledge that which takes enterments and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false assumption may be perfect the validity of

the application or any patent issued thereon. Full Name of Solo or Fost Inventor Leales-ORTIZ 05 Residence 101 Banyan Court, Dhahren 31311, Saudi Arabla Fort Office Address Box 11310 Dhahran 31311, Saudi Arabia Hall Name of Second Joint Inventor, If Any 11/12/05 Romia L. THOMAS Citizenship Residence 4109 US Office Address **10**0 BOX Date Full Name of Third Inventor, If Any Cldzenship Residence Post Office Address Full Name of Fourth Joint Inventor, If Any Inventor's Signature Residence Cipizanehip Post Office Address Inventor's Bignature DAte Pull Name of Fifth John Inventor, if Any Kor dance Cluzanih Post Office Address Full Name of Eight Joint Inventor, If Any Inventor's Signature Date Rasidenca Cidenship Post Office Address ABBLMAN, FRAYNE & SCHWAB 666 Third Avenue, 10th Floor, New York, New York 10017

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